

MINUTES

JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

May 6, 2010

Room 643, Legislative Office Building

The Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services (LOC) met on Thursday, May 6, 2010 in Room 643 of the Legislative Office Building. Members present were: Representative Verla Insko, Co-Chair; Senators Jim Forrester, Ellie Kinnaird, and William Purcell, and Representatives Martha Alexander, Bob England, Jean Farmer-Butterfield, Carolyn Justus, and Fred Steen. Advisory members Senator Larry Shaw and Representative William Brisson were present.

Lisa Hollowell, Shawn Parker, Joyce Jones, Susan Barham, and Rennie Hobby provided staff support to the meeting. Staff member Ben Popkin listened to the meeting via real-time streaming audio through the NCGA intranet. Attached is the Visitor Registration Sheet that is made a part of the minutes. (See Attachment No. 1)

Representative Verla Insko, Co-Chair, called the meeting to order and welcomed members and guests. She asked for a motion to approve the minutes from the April 14, 2010 meeting. The motion was made by Representative Farmer-Butterfield and the minutes were approved.

Lanier Cansler, Secretary of the Department of Health and Human Services (DHHS) made general remarks about the budget for the mental health system. He asked that members be aware of the three proposals by the Governor relating to the area of mental health when considering budget negotiations. The first proposal was to reinstate the \$40M deduction of the community service funds; the second proposal was to continue to expand three-way contracts for crisis beds in community hospitals; and the third proposal was a request for \$500,000 to be used for staff training in the mental health facilities. Secretary Cansler provided a detailed accounting of a recent incident at Cherry Hospital which emphasized the importance of having knowledgeable staff trained to deal with violent patients. He said that in order to continue to improve facilities there must be adequate staff training as well as staff accountability for proper use of the training. Secretary Cansler also advised that DHHS is still working on obtaining permission for a six-month transition period so that providers have every opportunity to meet the requirements for becoming a CABHA.

Representative Insko suggested that it would be beneficial for the Committee to hear a presentation on restraints and seclusions. She added that some states do not use restraints at all due to the way staff has been trained. It was suggested that those in supervisory positions should be held accountable for properly training staff in this area. Secretary

Cansler added that everyone working in the facilities from top to bottom should know the proper protocol and have proper training.

Dr. John Agosta, Vice President of the Human Services Research Institute, provided a comparison of Medicaid-funded residential service trends in North Carolina using data from 1998 to 2008 for people with intellectual and developmental disabilities. (See Attachment No. 2) Dr. Agosta provided the following additional information:

- Nationally, Medicaid accounts for approximately 26% of the average state budget.
- New human services ideas are layered on top of inefficient systems without subtracting from the system's old ideas.
- North Carolina is ranked 17th in the country in Medicaid dollars spent per person.
- Fewer people receive Medicaid funded services in North Carolina due to the fact that there are too many people being served in ICFs/MR which is more costly than a waiver.
- States choose to have an ICF/MR centered system. It is not a system that is really needed or necessary; states choose that option.
- North Carolina would have to serve almost 5,000 more people in order to reach the national average. Adding 1,000 Tier 1 slots in 2010 still leaves North Carolina 80% short of meeting the national average.
- Families are the backbone of the system. More than half of the people being supported in the system are living at home with family. What can be done to knit these families together to build an infrastructure around them for support?

Staff to the Oversight Committee reviewed the draft report explaining each of the recommendations referencing proposed legislation when appropriate. (See Attachments No. 3 and No. 4) After discussion and debate, Representative Insko requested a motion to approve the report and to authorize staff to make the Committee directed changes as well as any technical corrections. Senator Kinnaird made the motion and the Committee approved the report.

There being no further business, the meeting adjourned at 12:35 PM.

Representative Verla Insko, Co-Chair

Rennie Hobby, Committee Assistant